

United States District Court
For the District of Delaware

Acknowledgement of Service Form
For Service By Return Receipt

Civil Action No. 06-563 SLR

Attached below is a return receipt card reflecting proof of service upon the named party on the date show.

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | <p><i>06-563-SLR</i></p> <p>A. Signature <input checked="" type="checkbox"/> <i>Kelly Von-Slo</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Kelly Von-Slo</i> C. Date of Delivery <i>10/27/06</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>1. Article Addressed to:</p> <p>LOREN MEYERS DEPUTY ATTORNEY GENERAL DEPARTMENT OF JUSTICE 820 N. FRENCH STREET WILMINGTON, DE 19801</p> | <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number (Transfer from service label)</p> | <p>2005 1820 0004 3169 6435</p> |
| <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p> | |

